

Exhibit H

From DEPARTMENT OF CLINICAL NEUROSCIENCE
Karolinska Institutet, Stockholm, Sweden

ON GENDER DYSPHORIA

Cecilia Dhejne



**Karolinska
Institutet**

Stockholm 2017

All previously published papers were reproduced with permission from the publisher.

Published by Karolinska Institutet.

Printed by Printed by Eprint AB 2017

© Cecilia Dhejne, 2017

ISBN 978-91-7676-583-8

On Gender Dysphoria

THESIS FOR DOCTORAL DEGREE (Ph.D.)

at Karolinska Institutet, to be publicly defended in lecture hall Nanna Svartz,
Karolinska University Hospital Solna.

Friday, March 31, 2017 at 9:00 a.m.

By

Cecilia Dhejne

Principal Supervisor:

Professor Mikael Landén
Karolinska Institutet
Department of Medical Epidemiology and
Biostatistics, and Sahlgrenska Academy at
Gothenburg University, Institute of Neuroscience
and Physiology

Co-supervisors:

Associate professor Stefan Arver
Karolinska Institutet
Department of Medicine, Huddinge

Ph.D. Katarina Görts Öberg
Karolinska Institutet
Department of Medicine, Huddinge

Professor emerita Sigbritt Werner
Karolinska Institutet
Department of Medicine, Huddinge

Opponent:

Ph.D., M.D. Annelou de Vries
VU University Medical Center Amsterdam
Department of Department of Child and
Adolescent Psychiatry

Examination Board:

Professor Olle Söder
Karolinska Institutet
Department of Women's and Children's Health
Division of Pediatric Endocrinology

Associate professor Owe Bodlund
Umeå University
Department of Clinical Science
Division of Psychiatry

Professor Johanna Adami
Sophiahemmet University

6 ON THE IMPACT OF RESEARCH FINDINGS

Researchers are happy if their findings are recognized and have an impact. However, once published, the researcher loses control of how results are used. Study III is the first long-term cohort study of mortality and psychiatric inpatient care following gender transition (Dhejne et al., 2011). This paper has also had an impact outside the scientific world. Our findings have been used to argue that gender-affirming treatment should be stopped since it could be dangerous (Levine, 2016). But the results have also been used to show the vulnerability of the group and that better transgender health care is needed (Arcelus & Bouman, 2015; Zeluf et al., 2016). Despite the paper clearly stating that the study is not designed to evaluate whether or not gender-affirming is beneficial, it has been interpreted as such. But we do not know what would have happened without gender-affirming treatment; the situation may have been even worse. As an analogy, similar studies have found increased somatic morbidity, suicide rates, and overall mortality for patients treated for depression and bipolar disorder (Ösby, Brandt, Correia, Ekbom, & Sparen, 2001). This is important information, but it does not follow that antidepressant or mood stabilizing treatment cause the mortality. Most of the articles that use the study to argue against gender-affirming health care are published in non-peer reviewed papers and the public media in general. These non-scientific publications are difficult to keep track of. I am grateful to friends, colleagues, patients, LGBT organizations, and journalists who have alerted me when the results of the study have been misinterpreted, giving me a possibility to respond to the authors. One could argue that the results should never have been published due to the hurt caused to transgender persons. However, not publishing the results would also hurt the transgender group and take away an opportunity to receive better health care.